

Using and Adapting the Department of Managed Health Care's
Sample Small and Large Group EOC

What is the goal of the Sample EOC?

The Sample EOC is designed to provide health plans with language, designs, and ideas to create EOCs that their members can easily read, understand and use. It includes both a Disclosure Form and Summary of Benefits. It is based on best practices in health literacy, Knox-Keene regulations, and formative research and evaluation.

For which health plans was the Sample EOC developed?

The Sample was developed for large-group and small-group full service Health Care Service Plans licensed by the Department of Managed Health Care (DMHC) in California.

Does the Sample EOC list all the benefits plans may offer?

No. The Sample EOC focuses on mandated benefits. It also lists common benefits that plans *may offer* to employers, such as prescription drug coverage. It also lists benefits that plans *must offer*, such as alcohol treatment. For more information on how these benefits are listed, see below “**How can a health plan adapt the Sample EOC?**”

How can health plans use the Sample EOC?

Plans can use some or all of the elements of the sample, as they wish. Use of the sample language is voluntary.

How does the Sample EOC affect the licensing filing and review process?

The Sample EOC was developed to be consistent with the Technical Assistance Guide for EOCs. Use of part or all of the sample may expedite the EOC review process, but all plans will continue to submit their EOCs and changes to the DMHC for review. DMHC hopes that using the Sample EOC language will ultimately simplify the development and review of EOCs. When a Plan files their EOC with the DMHC, they may indicate on the E-1 that they are using the Sample and redline any language changes that differ from the sample language. If sections of Sample language are used in whole, the DMHC would approve that language provided the context in which it was used was appropriate.

How was the Sample EOC developed?

The DMHC and Health Research for Action (HRA) at UC Berkeley's School of Public Health developed the sample in an intense 18-month process.

The development process:

1. HRA conducted six focus groups in which HMO members were asked to respond to several current “real” EOCs. The goal was to gather information on the qualities of a usable, readable EOC.
2. HRA conducted nine Key Informant interviews with a variety of health care professionals, including representatives from advocacy and regulatory organizations, human resource departments, and health plans. These interviews explored the useful and not-so-useful aspects of current EOCs and ideas for improvement.
3. HRA and DMHC then drafted a sample based on the Knox Keene regulations.

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4. HRA conducted three rounds of usability testing on the sample. Five individuals were tested in each round and revisions were made between rounds, based on information gathered from the previous tests.
5. DMHC conducted a final review and presented the sample to the California Association of Health Plans (CAHP) for review.
6. CAHP members provided feedback and the sample was then further revised.

How can a health plan adapt the Sample EOC?

1. Replace the placeholder, HMOX, with the health plan's name.

The sample uses the placeholder "HMOX" to indicate the name of the plan producing the specific EOC. The plan can search the document and replace "HMOX" with its name.

2. Replace or modify the bracketed information with appropriate information.

The following phrases appear in brackets sometimes with yellow highlighting: *may offer*, *must offer*, and *if applicable*.

These following three phrases are notes to the health plan adapting the Sample EOC.

must offer

refers to benefits that a health plan *must* offer the employer, but the employer might not purchase, such as benefits for alcohol and drug abuse treatment or benefits for orthoses (other than orthoses for diabetes, which are mandatory benefits).

may offer

refers to benefits that a health plan *may offer* the employer and the employer may purchase, such as benefits for durable medical equipment or benefits for alternative and complementary treatments.

if applicable

refers to fees or other elements of coverage that a plan may or may not use, such as co-insurance, yearly deductibles, or limitations on coverage for pre-existing conditions.

3. Replace the brackets with appropriate information.

Here are examples of brackets replaced with appropriate information:

Language in sample

...up to [HMOX to specify number] outpatient visits in a year.

To see the HMOX formulary, call [HMOX to add phone number] or go to [HMOX to add website].

Language adapted by plan

...up to 22 outpatient visits in a year.

To see the ABC Healthcare formulary, call 1-800-111-2222 or go to www.abchealthcare.com.

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4. Add “product-specific” detail.

This is information such as requirements regarding tiered or narrow networks; carve-out contract arrangements; authorization requirements; and other benefit details as appropriate.

5. Update the page cross-references and table of contents.

A search for ‘XX’ will find page cross-references.

6. Add an index, glossary, and other elements as desired.

Structure of the Sample EOC

1. The Summary of Benefits
2. Cross-references to pages in the EOC
3. Chapter format
4. Exclusions and limitations
5. Knox Keene disclosures
6. List of benefits
7. Mental health parity
8. Charts

1. The Summary of Benefits

- The order of the list of benefits in the Summary of Benefits follows the order of the Benefits chapter of the Sample EOC.
- Page references make it easy for individuals to get more information and save them the step of looking in the table of contents to find the topic—an extra step that would deter many people. HRA tested the page reference approach and found that people were able to easily navigate from the Summary of Benefits to the appropriate section of the EOC.
- NOTE: Costs, changes in benefits, and page references need to be added by the plan and updated as needed.

2. Cross-references to pages in the EOC

- Readers find it easier to follow a cross-reference to a page number than a cross-reference to a section title. Thus cross-references in the Sample EOC are to page numbers.
- The first chapter, *How to Use HMOX*, is a general introduction and summary. Some people will only read this chapter. Every subsection is cross-referenced to the part of the EOC where more information is provided. NOTE: Cross-references will need to be checked each time the plan revises the EOC.
- The Table of Contents is detailed. NOTE: Page numbers will need to be checked each time the plan revises the EOC.

3. Chapter format

Each chapter follows the same format, starting with a list of the main headings within the chapter.

4. Exclusions and limitations

- Almost every Key Informant said that one of the most important purposes of an EOC was to list exclusions and limitations. Key Informants also said that this was a source of confusion in many EOCs, especially when limitations and exclusions are listed separately from the covered benefits.
- The Sample EOC lists specific exclusions and limitations with the benefits to which they apply, under the consistent subhead, “HMOX does NOT cover:”

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- The sample also lists general exclusions and limitations in a separate chapter titled “General Exclusions and Limitations.”

5. Knox-Keene disclosures

The DMHC has developed revisions to improve the readability of a number of existing Knox-Keene required disclosures. The sample presents the current disclosures as mandated by law, and in some sections, integrates the revisions.

6. List of benefits

- The list includes mandated benefits that plans must include in all benefit packages.
- It includes benefits that plans must offer employers, but which employers do not have to choose for their employees.
- It includes common optional benefits, such as prescription drug coverage and durable medical equipment.

How the Sample EOC Addresses Principles of Health Literacy

1. Content
2. Literacy level
3. Language and syntax
4. Fonts
5. White space
6. Line length
7. Vocabulary
8. Sentence length

1. Content

The Sample EOC keeps content in coherent chunks by:

- Presenting all the information that pertains to a topic in one place, so that a member does not have to look in many places to get the whole story. For example, specific limitations and exclusions are listed after the services that are covered for a certain benefit.
- Starting with a summary at the beginning of each chapter and more detail in the sections that follow.
- Dividing information into sections with headings.
- Keeping paragraphs short.
- Organizing information in bulleted or numbered lists.

2. Literacy level

The goal was a 9–10th grade reading level. The actual reading levels range from 8th–11th grade.

3. Language and syntax

To improve comprehension, the sample:

- Avoids excessive use of the passive voice.
- Avoids double negatives.
- Uses parallel construction.
- Tries to replace complex, compound sentences with several simpler sentences.
- Tries to use language consistently. For example:
 - The subheadings and content for COBRA and Cal-COBRA are as identical as possible.
 - In the Benefits chapter, each benefit describes what is covered and ends with a subsection introduced by the phrase: “HMOX Does NOT Cover”.

4. Fonts

The sample uses:

- 12-point serif font (Times New Roman) for the text. A serif font is easiest to read for bodies of text. A font of 12 points or more is readable for most adults, though 14 points is preferable for an audience of seniors or people with low literacy or limited vision.
- Larger, bold sans serif font (Ariel) for the main headings.

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5. White space

A dense, text-heavy page looks boring and is intimidating and difficult to focus on. The design of the sample maximizes white space by using:

- Wide margins.
- Extra space between subsections within a chapter.
- Short paragraphs.
- Bullets.

6. Line/column length

The sample can be in two columns if desired. Some focus group participants liked a two-column format; others did not.

- If there are no columns, line length should be 5-6 inches with wide margins. Lists should be indented.
- If there are two columns, their width should be about 3 inches with sufficient space between them. The lists should be indented as little as possible.
- Sections and sets of bullets should, as much as possible, be on one page or in one column.

7. Vocabulary

The sample uses simple language.

- Technical terms or jargon are defined.
Example: Your primary care doctor and most of the specialists you see are usually in the same medical group. A *medical group* is a group of doctors and other providers who have a business together.
- When possible, common terms replace technical or legal terms. If necessary, the technical term is put in parentheses after the common term.
Examples: Pre-Approval (Prior Authorization)
If You Have More Than One Health Plan (Coordination of Benefits)
Keeping a Doctor, Hospital, or Other Provider You Go to Now (Continuity of Care)

8. Sentence length

We have aimed for an average sentence length of 15 words.